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Curing Society by Better Education.
Psychoanalyst Wilhelm Stekel (1868-1940) on Parental
Influences in the Causation and Prevention of
Compulsion Neuroses

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Until recently, the nurture paradigm was dominant in educational thought. Parental attitudes were considered to be the major causes for character development in their offspring, as well as for different kinds of mental illnesses. During most of the twentieth century, medical doctors and other professionals tried their best to convince educators of the seriousness of their tasks in raising children.

This article discusses the ideas of one of these doctors, Wilhelm Stekel (1868-1940), on the obsessive-compulsive disorder. This pioneer psychoanalyst explained obsessive-compulsive disorder as caused by a traumatic experience in childhood: the shattering of parental authority. Persons suffering from this type of neurosis proved rather difficult to cure, which led Stekel to the idea that education should provide the solution. Among the depth-psychologists of the twentieth century, he stands out as "the educator of the parents", because of his numerous publications devoted to the prevention of neuroses through the illumination of popular pedagogical thought.

Introduction

Judith L. Rapoport's *The Boy Who Couldn't Stop Washing* is not a fairy tale. Her book deals with one of the most incredible illnesses of the soul, with OCD, the obsessive-compulsive disorder, a condition marked by obtrusive ideas and compelling acts, which the victim, despite all his efforts, is unable to dispel. For example: Six hours of scrubbing a day and still doubting whether

one is clean.¹ In the older literature this bizarre disorder -was subsumed under the heading of *neuroses*. Patients with obsessions and compulsions -were assumed to have a premorbid ("anankastic") personality that is causally connected to the genesis of the disorder.² According to modern insights, however, there is no clear-cut direct link between the obsessive-compulsive personality and OCD, although it is granted that a small proportion of OCD patients also shows traits of the extreme variant of this character style, the obsessive-compulsive personality disorder (OCPD).*

Obsessive-compulsive phenomena have been the subject of much debate and confusion in the scientific literature from the nineteenth century onwards.⁴ Then, for the first time, psychiatrists undertook to construct an empirical alternative to the old religious or rather diabolic attribution of the phenomena. There was much speculation on which organic factors might cause the symptoms to originate. Brain disturbances caused by fevers and hereditary-degenerative processes were thought to cause the disease. It was linked with the then popular concept of "neurasthenia" ("exhaustion of the nervous system"); obsessions or "fixed ideas" were also understood as manifestations of a condition called "psychasthenia" ("mental exhaustion") by the French psychiatrist Pierre Janet⁵ who related this condition to the "caractère scrupulo-inquiet".⁶

Janet made an extensive study of 236 obsessionals in Paris, however, his meticulous research remained relatively unknown outside the French-speaking world. Most investigators were to follow Sigmund Freud, who built up a psychosexual theory on nervous disorders, inclusive what he called the *Zwangsneurose*. Freud, who personally had some experience with obsessions, developed his thoughts on the subject over a period of thirty years.⁶ Two of his most celebrated cases, those of "The Wolf-man" and "The Rat-man", suffered from severe obsessive-compulsive complaints.

¹L. Rapoport, *The Boy Who Couldn't Stop Washing* (New York, E.P. Dutton, 1989).

²See, for instance, K. Schneider, *Die psychopathischen Persönlichkeiten* [Orig. 1923] (Wien, F. Deuticke, 1940), pp. 62-73.

³S.M. Johnson, *Character Styles* (New York-London, Norton & Comp., 1994), p. 269.

⁴G. Berrios, "Obsessive-Compulsive Disorder", in: G. Bemos & R. Porter (eds), *A History of Clinical Psychiatry* (London, Arncliffe, 1995), pp. 573-592.

⁵E. Mayo, *The Psychology of Pierre Janet* (London, Routledge & Kegan Paul

⁶For his theoretical contributions to the theme, see S. Freud, *Essays on Psychoanalytic Writings* [ed. Ph. Rieff] (New York, Collier Books, 1963); Id., *On Psychopathology: Inhibitions, Symptoms and Anxiety and other Works* [ed. A. Richards; The Pelican Freud lib., Vol. X] (Harmondsworth, Penguin Books, 1979).

Already in his earlier work, Freud demonstrated an interest in which preconditions were required in order to create a *Zwangsneurose*. In 1896 he assumed that a repressed traumatic sexual experience during childhood was the basis of a (psycho-)neurosis. Children who underwent certain premature sexual experiences passively were prone to develop a hysterical neurosis, while children who behaved actively would develop an obsessive-compulsive neurosis. Because many traumatic events turned out to be products of fantasy, Freud saw himself obliged to reject his so-called "seduction theory" and replace it by the Oedipus-complex theory as being the all-inclusive explanation of psychoneurotic pathology.⁷

In Freud's later and more well-known perspective,* the basic problem of the obsessive-compulsive neurosis (OCN) was the ego's conflict with primitive (id) impulses and the commands of the superego. A compulsive symptom may represent a condensation of primitive wishes and defences against them. The concept of pathological regression (of the libido) forms the cornerstone in the construction of OCN. After the ego has developed to a stage where drives are at a genital level, an intolerable increase in "castration anxiety", related to the so-called Oedipal situation, leads to a regression (of the libido) to the pre-genital anal-sadistic level. The anal sadism combines with the Oedipus hostility felt for the parent of the same sex, and this leads to increased ambivalence of object relationships. The superego has an important influence at this stage, evoking anxiety and guilt which cause further conflict within the ego, hence so-called defence mechanisms (*Abwehrmechanismen*), e.g. affect-isolation and undoing, are called into play, which are, however, rarely sufficient in preventing the patient from an aggravating illness. According to Freud there was no route to OCN other than through the development (in connection with harsh toilet-training) of what he called the "anal-erotic character".⁹

Freud's publications stimulated many researchers and therapists to "adopt an understanding of compulsive phenomena along- "psychodynamic" lines, Wilhelm Stekel being one of the first doctors who had been converted to this approach. In this essay we want to analyze the ideas of this pioneer psychoanalyst on the nature, genesis and prevention of what he termed the

⁷For a critical examination of this move, see H. Israels & M. Schatzman, "The Seduction Theory", *History of Psychiatry*, IV (1993), pp. 23-59. F. Albach, *Freud's veriedingstheorie. Incest, trauma, hystérie* [with a summary in English] (Middelburg, Stichting Petra, 1993), on the basis of a study of hysterics concluded "that Freud was closer to the truth with his first theory than with the latter" (p. 227).

The later Freudian view on the origin of OCD has been aptly systematized by Freud's pupil Otto Fenichel *The Psychoanalytic Theory of Neurosis* (London, Routledge & Kegan Paul 1946), pp. 268-310, still further condensed by Robert Cawiey in: H.R. Beech (ed.), *Obsessional States* [orig. 1974] (London, Methuen & Co, 1976), pp. 270ff.

⁹S.J. Rachman & R.J. Hodgson, *Obsessions and Compulsions* (Englewood Cliffs, N.J., Prentice-Hall 1980), p. 55.

Zavmgs knm khà tot Zwangsparat bit. But, why, the reader will ask, should those ideas of a psychiatrist be of interest to educationalists and historians of education?

Wilhelm Stekel, the Unsung Populariser of Psychoanalysis

After a short analysis with Freud, Wilhelm Stekel (1868-1940), a young general practitioner in Vienna, became an enthusiastic follower of his former therapist.¹⁰ In 1902, he founded a weekly discussion group, which would later become the well-known *Wiener Psychoanalytische Vereinigung*. Stekel, who set up a psychiatric practice in 1908, participated in all the events of the society until he left it in 1912, like Alfred Adler before him, after many disagreements and difficulties with Freud. While Stekel believed he had been rejected by Freud because the latter could not tolerate his disciple's scientific independence and creativity, Freud adhered to the conviction that it was because of his pupil's doubtful character.¹²

Stekel wrote numerous scholarly as well as popular books and articles, many of which were translated into several languages. In order to introduce psychoanalysis among members of the medical profession, he wrote ten volumes on the whole spectrum of the "disorders of the instincts and the emotions" (*Störungen des Trieb- und Affektlebens*). He founded his own scientific journals and an institute for treatment, the *Institut für Aktive Psychoanalyse*, where, in contrast with the passive Freudian method, a form of "active psychoanalysis" was carried out. Not unlike Freud he had his own circle of faithful disciples, who worshipped his "transcendent intuitive genius". In 1938

¹⁰On Stekel's life and work, see P. Roazen, *Freud and his Followers* (New York, Knopf, 1975), pp. 211-7; J. Rattner, *Klassiker der Tiefenpsychologie* (München, Psychologie Verlags Union, 1990), pp. 91-114.

"In the literature on the history of the psychoanalytical movement, Stekel is said to have suggested Freud to start a discussion group; according to F.N. Clark-Lowes, "Wilhelm Stekel's Journalistic Achievement, 1901-1914: The Challenge to Therapeutic Neurosis", *Relation IV* (1997), p. 51, it was Stekel who founded this group.

¹²For a discussion of the deeper motives behind their conflict, see L.F. Groenenendijk, "Masturbation and Neurasthenia: Freud and Stekel in Debate on the Harmful Effects of Autoerotism", *Journal of Psychoanalysis & Human Sexuality*, EX (1997), pp. 71-94.

Stekel, who was Jewish, emigrated to England, where he wrote his autobiography. Being seriously ill, he committed suicide in 1940.

The disapproval and disregard of his works by orthodox psychoanalysts as well as their obliteration by the Nazis, did not favour the survival of Stekel's ideas in the German-speaking world. In the U.S.A., however, the popularity of his books has been a constant factor, only declining since the 1970s. Until recently, neither in the German-speaking world nor in the New World did his ideas find much serious interest among historians. The neglect may be partly due to Ernest Jones' three-volume biography of Freud (1955-57), in which many of Stekel's alleged shortcomings have been collected, such as the - not altogether unfounded - charge that Stekel at times invented case histories.¹⁴ The lack of attention is, however, unwarranted, because Stekel deserves recognition as one of the most fervent propagators of "the psychoanalytic gospel", not in the least through his articles in newspapers, of which many were reproduced in books.¹⁵ Moreover, his work demonstrates an interesting attempt at ameliorating (what he believed to be) shortcomings of the Freudian position with the help of his own insights and other approaches; he integrated useful observations and ideas of Pierre Janet, Carl Gustav Jung, and notably Alfred Adler.

Stekel's writings on the neuroses and those on obsessive-compulsive states in particular are not only of interest to the historian of psychiatry and psychoanalysis, but also to the historian of education. Stekel's approach to the condition of OCN developed over a period of time and ultimately culminated into a pedagogical approach; his final view forms a "grandiose" attempt at redefining OCN as a social and moral problem - a task for educators and all those concerned with human welfare. In this respect, his work offers, as will become apparent, an illuminating insight into the psychoanalytic enterprise at making parents believe that their culturally induced (sexual) behaviour is of crucial importance for both the explanation and the prevention of mental illnesses in the life of their offspring as children as well as grown-ups. In order to prepare parents for a more wholesome behaviour, Stekel called on doctors and psychotherapists to become educators of parents. With his publications he contributed to the psychoanalyzing of the ancient art of child raising, which

¹⁴See K.A. Gutheil (ed.), *The Autobiography of Wilhelm Stekel: The Life History of a Pioneer Psychoanalyst* (Intro. by Hilda Stekel) (New York, Lhreright, 1950). The manuscript for this autobiography had been altered ("tampered with") after his death by Stekel's widow, Hilda M2ko, according to Quirk-Lowes, "Wilhelm Stekel's Journalistic Achievement", p. 74.

¹⁵In his *Freud: A Life for our Times* (New York-London, Norton, 1988), Peter Gay merely reverberates Jones' critical appraisal of Stekel's personality and activities.

¹⁶See Quirk-Lowes, "Wilhelm Stekel's Journalistic Achievement", pp. 51-74.

was going to have an enormous response among parents in several countries of the Western world during the greater part of the twentieth century.¹⁶

Stekelian Publications on OCN

Stekel as well as his followers have published several studies on the subject of OCN. In 1909, the same year in which Freud published his "Notes upon a case of obsessional neurosis" (= the "Rat-man"), Wilhelm Stekel presented a paper to the *Vereinigung Wiener Mediziner*. "the psychic roots and therapy of compulsive states" (*Zwangs%uständc, tin psychischen Wurzeln und ihre Hålung*). The paper was published the following year. It was an enthusiastic confirmation of Freud's view on compulsive states as being psychically motivated and meaningful (*sinnrad*). In 1912 Stekel published an article on the phenomenon of doubt. In the papers just mentioned we are introduced to several of Stekel's patients; his acquaintance with and interest in obsessive-compulsives is also visible in the cases of *Die Sprache des Traumes*, the book on the interpretation of dream symbols he published in 1911. The two last volumes of the series on "the disorders of the instincts and the emotions", *Zwang und Zivåfcl*, which appeared in 1927 and 1928 respectively, are devoted to the compulsive disease or *Zwangsparapathie* as Stekel preferred to name it.¹⁷ The two compulsion & doubt-volumes are crammed with Stekel's patients, success stories as well as failures. From his case histories and interpretations it becomes clear that Stekel did not confine himself to what is nowadays labelled as OCD - there is an overlap with the condition which is currently called OCPD, the obsessive-compulsive personality disorder.

In 1930, in Baden-Baden in Germany, a medical congress for psychotherapists was held on the subject of OCN. The famous psychiatrist Ernst Kretschmer asked Stekel to deliver an introductory lecture. Among the other participants who presented a paper were Karen Homey, Ernst Simmel, Erwin Straus, Franz Alexander, and several of Stekel's pupils. In his lecture, Stekel gave an account of the pathogenesis of OCN as a socio-culturally-induced and pedagogically transmitted disease. Stekel's contribution, *Oie Psychobgie der Zwangskrankheit*, is contained in the proceedings of the conference; in 1931 it was published in a German-speaking as well as in an English-

¹⁶M.L. Gross, *The Psychoögeal Society. A Critical Analysis of Psychiatry, Psychotherapy, Psychoanalysis and the Psychological Retvluion* [Orig. 1978] (New York, Simon & Schuster, 1979), pp. 247-276.

¹⁷W. Stekel, *Zwang und Zweifel (Führer zur Uund Met^nerdargestelt)* (BerEn/Wien, Urban & Schwarzenberg, 1927/1928), Vols. I & II. The older studies on compulsive states (1910) and doubt (1912), mentioned in the text, have been incorporated into Vol. I. Stekel preferred the term "parapathy" instead of "neurosis", because not the nervous system, but the emotional life is afflicted.

speaking scientific journal. The paper is also included in his last book, *Die Technik der analytischen Psychotherapie* (1938), of which an English translation, *Technique of Analytical Psychotherapy*, was published in 1939 in England and the following year in the U.S.A, and a revised translation, -with an introduction by his pupil Samuel Lowy, in 1950.¹⁸

Stekel's pupil Ernst Bien, who had written an interesting bibliographic essay for Stekel's *Zwang und Zweifel?* and who had also presented a paper at the Baden-Baden conference, proved himself to be the right mouthpiece of Stekel's views in his lucid contribution to *Der Seelenarzt* (1933), the handbook on nervous problems of the "Institute for Active Psychoanalysis" in Vienna.²⁰ Emil A. Gutheil, the best known follower of Stekel in the U.S.A, gave an outline of his master's views on OCN in the preface of *Compulsion and Doubt* (1949), his (abridged) translation of Stekel's *Zwang und Zweifel?*

OCN: a Social Disease on the Increase

Among historians of psychiatry it is a truism that both the clinical picture of mental illnesses and their incidence have been subject to change in the course of time.²² This insight is not a prerogative of modern historians, as can be illustrated by Wilhelm Stekel's fascination for the changing reality of neuroses. Stekel was convinced "that the parapsychoses [= neuroses] are modified by social conditions".²³ This was not a unique or extreme standpoint in those days; among his contemporaries were even advocates of a purely sociogenetical perspective on neuroses (such as W.J. Hellpach), as can be learned from

¹⁸W. Stekel, *Technique of Analytical Psychotherapy* [Orig. 1939; German ed. 1938; trans. by E. & C. Paul; introd. by S. Lowy] (London, The Bodley Head, 1950), Chapter XX: "Psychoanalysis of Obsessional Disease" (= pp. 280-318).

¹⁹E. Bien, "Die Lehre vom seelischen Zwang im Lichte der Literatur", in: Stekel *Zwang und Zweifel*, Vol. I, pp. 557-633.

²⁰E. Bien, "Der seelische Zwang", in: W. Stekel (ed.), *Der Seelenarzt. Handbuch für seelische Beratung* (Leipzig-Amsterdam-Wien, Selbstverlag des Instituts für aktive Psychoanalyse, 1933), pp. 266-306.

²¹E.A. Gutheil, "Preface", in: W. Stekel *Compulsion and Doubt* [Orig. 1949; German ed. 1927/1928; trans. by E.A. Gutheil] (New York, Grosset & Dunlop, 1962), pp. 1-31. This abridged version does not contain Bien's discussion of the literature on OCD.

²²E. Shorter, *From Paralysis to Fatigue. A History of Psychosomatic Illness in the Modern Era* (New York, The Free Press, 1992).

²³Stekel *Technique*, p. 282.

Fischer-Homberger's well-known study of the history of the "traumatic neurosis".²⁴

In his student days and in the years of his general practice at Vienna most of the patients seen by Stekel were hysterics. Thirty years later hysterics were rarely encountered. The so-called hysterical attack in three phases as described by Charcot had almost vanished. On the other hand, there had been a rapid increase in sufferers from obsessive-compulsive complaints: "I see hundreds of cases every year, varying in type, persons of all classes and belonging to every nation under the sun", Stekel told his audience at the Baden-Baden conference.²⁵ The increase began before the First World War (1914-18). During the war, however, there was a decrease in obsessive and compulsive symptoms and a huge revival of hysterical fits. In his consulting-room during the war Stekel could have fancied himself back in Krafft-Ebing's clinic of his student days. Stekel's observation has been confirmed by historians such as Elaine Showalter, who relates the numerous cases of "shell shock" to the overstrained expectations of the manly role in the war.²⁶

In his Baden-Baden lecture Stekel tried to explain those changes by examining several viewpoints, such as:

- the idea that psychiatric knowledge had expanded, so that psychiatrists diagnosed "compulsive neurosis" where they used to diagnose "hysteria" or "neurasthenia";²⁷
- the contention that most cases of hysteria were imitative;
- the theory that psychoanalysis had unmasked the sexual significance of hysteria, so neurotics had to find an acceptable disguise which would not reveal them;
- the concept that hysteria and OCN succeeded each other from one generation to the next;
- the suggestion that OCN was a post-war disease.

The last suggestion had been defended by Stekel in the concluding chapter of *Zwang und Zwang* (1927/28). There, he interpreted the Great War as an alibi to stop re-converting hatred into love, and to give rein to one's inner aggressive tendencies by utilizing them for the fight against the enemy of the fatherland. The war turned hate into a virtue. After the war, however, without

²⁴E. Fischer-Homberger, *Die hysterische, die obsessiv-kompulsive Neurose. Vom somatischen zum sozialen Liden* (Bonn-Stuttgart-Wien, Hans Huber, 1975), pp. 182f.

²⁵Stekel, *Technique*, p. 281.

²⁶E. Showalter, *The Female Malady. Women, Madness, and English Culture, 1830-1980* [Orig. 1985] (London, Virago Press, 1987), p. 171.

²⁷Ernst Bion's review of the literature on compulsive processes from roughly 1875 up to 1925 (*Die Freiheit vom Zwang*, 1927) covers more than 2000 studies, two thirds of which were published after 1900.

this external enemy, people *en masse* locked themselves up in the prison of OCN, where they were kept company by "the inner enemy".²⁸

In his Baden-Baden lecture (1930), however, Stekel stated that, though the influence of conditions after the war should not be underestimated, OCN was not merely a post-war disease. The increase in its frequency had begun before the war. In order to account for that phenomenon, the third theory was an alluring one; Stekel rejected it nonetheless, because the vanishing of hysteria could be attributed to the sexual emancipation. Already before the war, an epoch of more sexual freedom had begun, and after the war "almost all restraints were thrown off".²⁹

This sexual revolution was conceived by Stekel as a beneficial change. For many years he had been a fervent protagonist of the battle against sexual bigotry.³⁰ However, the relaxation of sexual morality, which began in the upper classes, did not turn out to be the universal preservative for a neurotic development. In his therapeutic practice Stekel had to face the traumatic consequences of a sexual freedom that was not bound up with pedagogical responsibility.³¹ In this article we will further explore Stekel's reasons for believing that OCN was a "social disease", a "malady of the time", and more in particular, that "all obsessional parapsychoses [f=neurotics] are the abortive offspring of unsound educational methods".³²

OCN and Parental Imperatives

The first compulsions date from early childhood; they originate in the child's inner organs, according to Stekel,³³ who was writing at a time when the "battle of the chamber pot" was a daily phenomenon. The urge to defecate is

"Stekel, *Zwang und Zweifel*, Vol II, pp. 626-632; cf Stekel, *Compulsion and Doubt*, pp. 608-613. Stekel cynically called the neurotic patient a "eliminator without the courage to commit a crime" and the obsessive-compulsive disease the "spiritual prison of the latent criminal".

²⁸Stekel, *Technique*, p. 306. According to Stekel, sexual liberation had been stimulated, but not created by Freud's books. "The time called for him" after Krafft-Ebing, Havelock Ellis, Iwan Block, and Auguste Forel.

²⁹F. Mortier, W. Colen & F. Simon, "Inner-scientific Reconstructions in the Discourse on Masturbation (1760-1950)", *Paedagogica Historica*, XXX (1994), pp. 817-847, esp. pp. 842-847.

³⁰This is the only Stekelian insight - briefly - referred to in N.G. Hale, *The Rise and Crisis of Psychoanalysis in the United States. Freud and the Americans, 1917-1985* (New York-Oxford, Oxford U.P., 1995), pp. 51-52.

³¹Stekel, *Technique*, p. 315.

³²In the subsequent paragraphs Gutheil's "preface" and Stekel's "introductory remarks" in *Compulsion and Doubt* are summarized.

opposed by a counter-urge. The child may retain his stool for several days. In doing so, ěie child has made his first stand against cleanliness, the very first objective of training and culture. The stronger the parents insist on daily defecation, the stronger the child's determination to retain his stool. Drive and culture become antipodes. Experience had taught Stekel that most parents did not recognize the ubiquitous character of infantile auto-erotic practices. They use threats and punishment to fight masturbation and all other expressions of sexuality. As a result, anxiety appears in the child's life. The ego, pressed by anxiety, accepts the demands of culture, but not completely. In man's psyche a struggle between ego and counter-ego, an antithesis between drive-ego and culture-ego, originates. Disposition and predominantly upbringing determine whether a man achieves an equilibrium between *Pathos* and *Logos* or not.

According to Stekel, OCN ordinarily emerges after the age of five.³⁴ Almost every child displays compulsive symptoms such as grimacing, tics, looking at the dock, compulsive giggling, counting, ritualistic patterns, and reiteration of meaningless words. In most cases these traits -will soon disappear. Obsessive-compulsives have a stronger instinctual life than healthy persons have, their intellect is far ahead of their years, and maybe they have a deviant functional organisation of the brain as well.³⁵ They have been brought up strictly, all sorts of religious and moral inhibitions have been imposed on them. Inwardly, they do not recognize the educational demands, while a strong inner defiance insists on the demands of the drive-ego, the result being OCN. Obsessive and compulsive symptoms which began as a kind of playful acting (*Schauspielerei*) develop steadily into a system, as a rule at the time around puberty.³⁶ Being ashamed of it, the sufferer is inclined to hide his systematization.

In all compulsion diseases the parental authority is incorporated into the patient's obsessional system. We find it in symbolic disguise, alongside the symbolic representation of instinctual cravings. "Bom represent poles of an emotional high-tension system", according to EmĖ Gutheil in his aforementioned preface.³⁷ Stekel, who himself had an outspoken sense of drama, called the compulsive person a comedian; he performs *as if* nie parental imperatives from his early life time and his reactions to these were the pattern of his emotional life.³⁸ The obsessive-compulsive is a rebel in disguise, he is inspired

.Stekel, *Patterns of Psychosexual Infantilism* [Oġig. 1952; German ed. 1922; ed. & introd. by E.A. Gutheil] (New York, Washington Square Press, 1966), p. 40.

³⁵Stekel, *Twang und Zweifel*, Vol. I, p. 110. Nota bene: ĩte remark about the brain was omitted in *Compulsion and Doubt*, the English (abridged) edition.

³⁶Stekel, *Technique*, p. 286.

³⁷Gumen, "Preface", p. 16f.

³⁸The conception of the neurotic person as a "comedian" was treated in one of Stekel's earlier popular sketches, collected in *Nervöse Leute. Fedencticbnmgen aus der Praxis* (Wien, Knepler, 1911); we consulted the Dutch translation: *Zenuvacbtigemensien*.

with hatred, full of criminal impulses, according to Stekel, -who never eschewed robust expressions. In the symptoms one recognizes remainders of his struggle against cultural rules and pedagogical authority - defence reactions to parental imperatives. Some cases appear to have been built around the imperative "hurry up". Not that the patient follows it in his illness; he caricatures it. One part of his personality, representing the parent, urges him to rush, while another part is hopelessly involved in details of executing the intended action, causing endless delay and "slow motion". In their washing mania, these patients rebel against the necessity of keeping physically clean; in their blasphemous and obscene obsessions they rebel against the imperatives of devotion and decency.

We have seen that, according to Stekel, pedagogical imperatives are caricatured in the obsessive-compulsive's system. This interesting idea, already present in Stekel's *Nervöse Leute* (1911), was further developed in the first volume of his pedagogical letters, the *Briefe an eine Mutter* (1927). It was taken over by an Adlerian, Erwin Wexberg, who wrote in his *Individualpsychologie* (1928) that a child who has been forced to be perfect takes revenge by absurdizing parental wishes. The pedantic child hits his parents by their own weapons.³⁹

Stekel must have felt that it remained unclear *why* patients decided for this particular kind of rebelliousness. In his lecture at the Baden-Baden conference he dilated upon the unresolved basic conflict that motivated the patient to ridicule his upbringing by overstating its effects.

OCN and the Devaluation of the Parental Ideal

In his Baden-Baden lecture, Stekel termed the sufferer from OCN "object-sick", all other neurotics "subject-sick".* He does not suffer from a disorder of feeling which is directed towards his own inner state like the hysteric patient, but because of an overcharged emotional relationship (a fixation) to another object, who might be or sustain an accident if the patient fails to perform a particular act, Stekel referred to this phenomenon as the "death-or-disaster proviso" (= *Todes-oderPechklausel*). Stekel declared that thirty years of experience had taught him, that the illness was invariably (I) directed against a member of the patient's family. In *Zwang und Zweifel* Stekel still held

Kleine penntkemngen tat de dokterspraktijk [transl. by A.N. Nölst Trénité] (Amsterdam, Meulenhoff, 1924), pp. 132-140.

³⁹E. Wexberg, *Individualpsychologie. Eine systematische Darstellung* [Orig. 1928] (Leipzig, Hirzel, 1931), pp. 256f.; cf. L. W. Way, *Adler's Place in Psychology* (New York, Macmillan, 1950).

Tcdm'que, p. 283f.

the conviction that in most cases the "home object" was a brother or a sister,⁴¹ in his Baden-Baden lecture (1930) he stipulated that the more usual object was one of the parents. The patient's attitude towards this person is ambivalent; he "invests" the object with both love and hate. The patient's strong affect of doubt - "Did I perform the act correctly?" - corresponds to this bipolar attitude.

In his book on the problems in the woman's love life, *Die Geschlechtskälte der Frau* (Frigidity in Woman), anxiety disorders had been interpreted by Stekel as the possible outcome of an upbringing in which a neurotic mother tries to overcompensate her lack of genuine maternal feeling by an excess of tenderness. In other words, obsessive-compulsives have been mothered by (usually hysterical) women with an ambivalent feeling attitude towards their children.⁴² In Stekel's Baden-Baden lecture there is again a "schizoid" family constellation, but its pathogenic influence is not rooted in a morbid interaction structure, it has the character of a shock. The "objective parapsychic" suffers from a shattering of the parental ideal, his *Grundüberzeugung*, belief in the infallibility and essential goodness of father or mother has been shaken.

Looking back upon his many cases of OCN, Stekel concluded "that invariably [Q] the parents had failed to practise what they preached to their children."⁴³ Here is one of several instances: "A bigoted mother had brought up her son on very strict religious and moral principles, but the son had occasion to notice that his mother on a pilgrimage gave herself to a stranger. The discrepancy between practice and precept in the mother was most disturbing to the child, and completely undermined the latter's authority complex."⁴⁴ This was not an exceptional case, but an everyday tragedy, according to Stekel, who claimed his case-books being filled with patients who had had a mother with a lover or a father with a mistress, or who had been sexually abused by their parents.

- Stekel acknowledged the influence of war conditions on the sexual behaviour of husbands and wives, fathers and mothers, who had had ample opportunities to explore the extra-marital domain.⁴⁵ When he was working as a military hospital physician, Stekel had personally experienced the disruptive

• "Stekel, *Zwang und Zweifel*, p. 278.

**W. Stekel, *Die Geschlechtskälte der Frau, eine Psychopathologie des weiblichen Liebeslebens* [Orig. 1920] (Berlin-Wien, Urban & Schwarzenberg, 1921), p. 477; c.f. Id., *Frigidity in Woman in 'Relation to her Love Life* [Orig. 1926; trans. by J.S. Van Teslaar] (New York, Liveright, 1943), Vol. II, pp. 292f.

⁴³ Stekel, *Technique*, p. 299.

"Ibid., p. 300.

⁴⁵ Venereal disease, abortion and divorce were the consequences. They were the concern of the *Deutsche Bund für Mutterschutz* (German Alliance for the Protection of Mothers) and its periodical (1908-1932), edited by the well-known feminist Helene Stocker, *Die neue Generation*, to which Stekel contributed.

influence of the war on his own marriage and family life. In his autobiography he admitted having had many liaisons with women; with one of his "flames", Hilda Milko, a married woman with two little children, he would develop a permanent relationship.⁴⁶

Having had more sexual freedom than their parents, the mothers and fathers had "lived their own lives", but their children had been brought up with the old values. They had controlled the sexual life of their children and had inculcated moral principles which they themselves no longer practised. In all of these cases the semi-divine image of the parent had been shattered. The children found reasons to despise where they were expected to honour, and reasons for hatred where they ought to love.⁴⁷ They turned against their parents the traditional morality which they had implanted in the nursery, by doing so, the children took vengeance for the prohibition of sexual amusements. The formula runs as follows: "You have instilled moral principles which were to pilot my life, but you, yourself, do not abide by the principles you teach. Therefore, I condemn you as you would condemn me were I to violate your teachings."⁴⁸

The traumatic experience of "shattered authority" undermined the child's feeling of security and his sense of self-esteem (the respect felt for educators being an essential element in his self-respect). Many neurotic symptoms, and especially doubt, are direct consequences of the patient's desire to strengthen his uncertain position in life. OCN may be called a "doubt neurosis." "Am I really my parent's child?" This uncertainty is the main root of much morbid doubting, according to Stekel, who also used the Adlerian concept of the "central idea" (*fragende Idee*) to designate the doubter's pressing question.⁴⁹ In former times, suspicion of parental adultery was part of the fantasy of jealous children, creating their own "family novel" (*QFamUemvman*); by now, in many cases there is a profound justification for uncertainty, "according to Ernst Bien, writing on the Stekelian view on OCN in 1933."⁵⁰

The core conflict is frenetically hidden by the patient; it is his "secret" (*Geheimnis*). In his first paper on compulsive states (1910), Stekel, following Freud's first formulation, sought the origin of compulsions in the repression of an unacceptable experience, later he emphatically insisted that the painful experience had not been repressed, but willfully denied by the so-called *scotomization* mechanism; in other words, the condition is not one of "can't see"

"Gutheil (eA), *Autobiography of Wilhelm Stekel*, pp. 180f.

⁴⁷ Stekel, *Technique*, p. 307.

⁴⁸ Gutheil, "Preface", p. 17.

⁴⁹ Stekel, *Compulsion and Doubt*, p. 474.

⁵⁰ "Der seelische Zwang", p. 300.

but one of 'Swon't see".⁵¹ The experience has not been forced into the patient's unconscious, but shifted to his day-dreams and notably to his masturbation dreams.⁵²

The patient has a "histrionic" nature; he behaves *as if* "the traumatic scene has never existed; he plays all sorts of tricks to persuade himself that the event in question is unknown to him."⁵³ In an attempt to "correct the past", reality has been replaced in (he end by a fictive world, or by, what Stekel called with a term of the French author André Gide, "a second reality".⁵⁴ What began with a destruction of the parental ideal evolved into a disintegration of the whole authority complex, i.e. of all persons and institutions set in authority over us. Even and notably the supreme authority, God, has been devalued and replaced by the patient's own authority - he is "Autotheos", as one of Stekel's patients had written on the title-page of his diary.⁵⁵ An interpretation which reminds us of course of what Karen Homey described as "false pride" and what present-day analysts are used to term "grandiosity".⁵⁶

Realism and Cogency of Stekel's Theory

Stekel's final view on the causation of OCN is extreme, one-sided and all-inclusive. It is beyond doubt that Stekel defended the view that in *all* cases of OCN parents had given reasons for doubting their moral integrity. How did he know? The relevant events were inferred "intuitively" by Stekel from the patient's dreams. We wonder, however, whether Stekel's "transcendent intuitive genius" may sometimes have been guided by his wish to confirm a

⁵¹W. Stekel, *The Interpretation of Dreams. New Developments and Technique* [Orig. 1943; Gennan ed. 1935; trans. by E. & G. Paul; air. for the American pub. by ILA. Gutheff] (New York, Grosset & Dunlop, 1969, P. 363. See also the essay on "Nichtsehenwollen" (unwillingness-to-see) in: W. Stekel, *Maskender Sexualität (der innere Mensa)* (Wien, Knepler, 1924), pp. 13-22. Stekel's mechanism of "scotomization" precedes H.S. Sullivan's "selective inattention"; cf. J.A.G. Brown, *Freud and the Post-Freudians* [Orig. 1961] (Harmondsworth, Penguin Books, 1967), p. 187.

⁵²Stekel denied the existence of an unconscious with repressed ideas beyond conscious recall; cf. Stekel, *Compulsion and Doubt*, pp. 225-227. In this respect he declared himself a follower of Freud's French rival Pierre Janet. With his rejection of the Freudian unconscious, Stekel placed himself outside psychoanalysis, according to Hans Christoffel in his critical overview of dissenting schools. See H. Christoffel, "Abzweigende Richtungen und Schulen", in: P. Federn & H. Meng (eds), *Das psychoanalytische Volksbuch* [3rd ed.] (Bern, Hans Huber, 1939), pp. 668-670.

⁵³Stekel, *Compulsion and Doubt*, p. 229.

Stekel, *Technique*, p. 313.

⁵⁵*Ibid.*, p. 298.

⁵⁶Cf. L. Salzman, *Treatment of the Obsessive Personality* (New York-London, Jason Aronson, 1980), p. 54.

"fixed idea". For instance, the following claim in his second book on dream interpretation, published in 1935 can hardly be called scientific "In all cases of obsessional parathy I have been able to prove that in the patient's youth the authority complex was shattered by the mother's adultery or the father's loose behavior."⁵⁷

The explanation of OCN as being caused by parental faults can also be found in Ernst Bien's treatise on the subject in the Stekelian handbook for mental guidance, *Der Scelenar*^t (1933). Stekel mentioned his colleagues Pollak, Richter and Wengraf, who, when dealing with cases of OCN, had "discovered" the same antecedent of this illness.⁵⁸ One decade after Stekel's death, two of his former pupils, Gutheil and Lowy, writing on the etiology of OCN, felt obliged to put their master's final and radical vision in perspective - undoubtedly because it could not explain all of their own clinical cases.⁵⁹

For a fair and balanced understanding of Stekel's position, it is necessary to point to the fact that he neither maintained that every child whose parents break the code is bound to suffer from OCN, nor that an infantile sexual trauma necessarily leads to OCN. In an article on the results of psychoanalytic cures (1913), Stekel indicated that children seem to tolerate sexual traumas much more easily than adults. Even after having experienced numerous traumas, some children remained healthy. Traumas in themselves have no significance, according to Stekel. The trauma is only effective under certain conditions.⁶⁰ That is also the case with the bad example of parents. Much depends on the stage of development of the superego and on the level of morality of the environment⁶¹ The actual situation of the patient is also crucial.

In the aforementioned article Stekel referred to the *exonerative use* a patient makes of a trauma. The patient who cannot cope with an actual We problem (the "precipitating factor" of his illness) tries to resolve it by reviving

⁵⁷ Stekel, *The Interpretation of Dream*, p. 514.

⁵⁸ Stekel, *Technique*, p. 303.

⁵⁹ y, in his introduction to the revised translation of Stekel's *Technique*, maintained that "very many cases" revealed a breakdown of the patient's belief in the moral authority of his parents. Gutheil, in his introduction to Stekel's *Compulsion and Doubt*, wrote that only "some cases" of OCD can be traced to a shattering of parental authority.

⁶⁰ - ⁶¹ See the article on "Die Ausgänge der psychoanalytischen Kuren", in: W. Stekel, *Die Impotent des Mannes (Die psychischen Störungen der männlichen Sexualfunktion)* [Orig. 1920] (Berlin-Wien, Urban & Schwarzenberg, 1923), pp. 487-516, esp. p. 495; cf. idem, *Impotence in the Male* [Orig. 1927; trans. by O.H. Bote] (New York, Grove Press, 1965), Vol. II, p. 298. With several modifications this article has been included in Stekel, *Technique*, pp. 365-403.

⁶² Stekel, *Technique*, p. 304.

an old trauma. He displaces the blame for his failure on that trauma.⁶² This insight brings Stekel close to Jung's view on the significance of the actual conflict (which the patient does not dare to acknowledge) as well as of Adler's ideological interpretation of the concept of "regression".⁶³

In *Sadismus und Masochismus* (1925) Stekel even maintained that "[t]he parathic constructs for himself the traumata of his life history and his earliest attitudes, just as the heroic peoples make history for themselves".⁶⁴ Stekel faced the possibility that the patient reports painful experiences with his parents which in fact are fantasies. After having given up the original "seduction theory", Freud had declared that it is not relevant for therapy whether a trauma has actually happened or not. Stekel's position was not unlike Freud's. What matters is the fact that the patient treats the idea of parental wickedness as a reality.⁶⁵

The reader may wonder whether Stekel is minimalizing here the importance of real experiences with sexual abuse and pedagogical blunders as causing factors for OCN. As a therapist he was mostly dealing with patients who were adults, and in most cases it was not possible to decide whether their memories were false or not. Stekel's assertion that this did not matter for therapy weakened of course the cogency of his theory on OCN as a "social disease" - that is, as a disease closely linked with an identifiable process of cultural transition, the effect of a witnessed "double sexual standard".

Stekel had been an analyst long enough for the children of former patients to come to him for treatment. In other words, he had opportunities for corroboration. This being the case, it was not so easy to achieve convincing results, as will become evident from the following illustration: A mother had practised fellatio on her son, aged five. Sixteen years later this son consulted Stekel, suffering from severe compulsive problems. Stekel believed that his illness stemmed from the infantile trauma and was interested in knowing if he had any remembrance of it. Alas, what happened? He broke off the analysis "when we began to draw near the repressed truth."⁶⁶ This is an interesting instance, because it dearly reveals Stekel's eagerness for confirming his theories by means of suggestion. His patient may have refused of being brainwashed for the sake of an analyst's obsession!

⁶² Stekel, *Impotent in the Male*, p. 299.

⁶³ P.H. Ronge, *In vtducdpsjcbologe. Een systematische iduen^tting* (Utrecht, Bijleveld, 1934), p. 90.

⁶⁴ W. Stekel, *Sadism and Masochism. The Psychology of Hatred and Cruelty* [Orig. 1929; German ed. 1925; transl. by L. Brink; introd. by E.A. Gutheil] (New York, Washington Square Press, 1968), Vol I, p. 235.

⁶⁵ Stekel, *Technique*, p. 309.

⁶⁶ Stekel, *Technique*, p. 300.

Originality and Influence of Stekel's Final View on OCN

Stekel considered the theory of shattered authority as a very important discovery of his own. Two years after the Baden-Baden congress, at a conference in France (1932), he proudly presented it as his social theory of the construction of neurosis.⁶⁷ But was Stekel's claim to originality really warranted? Was Stekel merely following Imre Hermann, a disciple of Sándor Ferenczi, who, according to Stekel, had come to the same conclusion in 1929?⁶⁸ However, already in 1925, in his research into sadism and masochism, Stekel had found that the sadomasochist's parapraxis (= perverse) behaviour was the outcome of an over-compensation for a mother-goddess turned out to be a whore or for an adored father turned out to be a Don Juan.⁶⁹

Nevertheless, not all aspects of Stekel's final view on the etiology of OCN were new. Stekel assured his readers that the more opportunities he had to gain insight into the past experiences of neurotics, the more frequently he had uncovered incestuous episodes during childhood.⁷⁰ In other words, Stekel's theory may partly be interpreted as a regression to or a restoration of Freud's first explanation of OCN, as being a disease caused by a real sexual trauma - the so-called "seduction theory". Jeffrey Masson, in *The Assault on Truth* (1985), pushed Ferenczi forward as the hero who dared to restore - in 1932 - the "seduction theory" which had been suppressed by Freud.⁷¹ However, we are inclined to value Ferenczi's restoration as a confirmation of Stekel's conviction that often real sexual traumas are at the basis of severe neuroses - an insight which had been expressed some years prior to Ferenczi's "rediscovery".

It has been Stekel's (and also Adler's) fate that several of his observations and suggestions were adopted by other writers without acknowledging their origin. Hillenberger maintained that the striking similarities "between ideas of the so-called Neo-Freudians (Karen Horney, Harry Stack Sullivan, etc.) and those of Alfred Adler can be ascribed to the latter's influence in the U.S.A..⁷² We believe that what they presented as new was also an

⁶⁷W. Stekel, "L'évolution, les méthodes et les dangers de la psychanalyse", in: idem, *La femme frigide* [transl. & preface by J. Dalsace] (Paris, Gallimard, 1937), pp. 11-38, esp. p. 30.

⁶⁸Stekel, *Technique*, p. 304.

⁶⁹Stekel, *Sadism and Masochism*, pp. 431f.

⁷⁰Stekel, *Patterns of Psychosexual Infantilism*, p. 176.

⁷¹J.M. Masson, *The Assault on Truth. Freud's Suppression of the Seduction Theory* (New York, Penguin, 1985). For a critical discussion of Masson's views, see M. Stanton, *Sándor Ferenczi: Reconsidering Active Intervention* (Northvale, N.J.-London, Jason Aronson, 1991), pp. 105-110.

⁷²H.F. Eulenberg, *The Discovery of the Unconscious. The History and Evolution of Dynamic Psychiatry* (New York, Basic Books, 1970), pp. 638-641.

elaboration on several of Stekel's ideas. EUenberger referred to the Neo-Freudians as Neo-Adlerians, but they may be called Neo-Stekelians as well.

Given the vast influence of Stekel's writings in the U.S.A., it is surprising to find so few references to him in mainstream psychodynamic investigations. His ideas are not referred to in Leon Salzman's authoritative *Treatment of the Obsessive Personality* (1980). In this work we come across the theory that obsessional patterns develop from a contradictory and hypocritical family background; we quote Salzman's characterization: "When a child grows up in a family where deeds and verbalizations are discrepant and where the child's expectations are not the same as those of the parents, he develops (...) obsessional patterns (...) as a means of coping with the ambivalent feelings that inevitably occur."⁷¹ This theory not only reminds us of Sullivan's view on the pathogenic effect of a "schizoid" family life or of the well-known "double bind" theory,⁷⁴ but also of Stekel's view on the impact of a family's double moral standard on the child's abnormal development.

Prevention of OCN is Better than Cure

Stekel used to refer to his curative technique as "active analytic psychotherapy."⁷⁵ What he chiefly aimed at in the active therapy of the obsessive-compulsive illness was "a rectification of the patient's faulty attitude towards the object."⁷⁶ He showed his patients that their symptoms were a regression into childhood. He made them aware of their day-dreams. Clearly, they were reviving an incident of the past Stekel attacked their "system", and he taught them to use their energy not for seeking vengeance upon an object but for performing self-imposed constructive tasks in the real world.⁷⁷

Stekel admitted that there was no tougher job than curing OCN, because of the patient's stubborn resistances ("will-to-illness"). He is always intellectualizing and attempting to conceal his secrets, especially the more relevant traumatic experiences. Follow-up examinations showed that it was almost impossible to cure an obsessive-compulsive patient completely.⁷⁸ Cases where the illness had existed since childhood and especially those cases where

"Salzman, *Treatment of the Obsessive Personality*, p. 49.

⁷⁴F. Barton Evans III, *Harry Stack Sullivan. Interpersonal Theory and Psychotherapy* (London-New York, Routledge, 1996), pp. 155, 199.

⁷⁵R.A. Harper, *Psychoanalysis and Psychotherapy. 36 Systems* (Englewood Cliffs, N.J., Prentice-Hall, 1959), pp. 46-49.

⁷⁶Stekel, *Technique*, pp. 308-316.

"E. Levenson, *The Ambiguity of Change. An inquiry into the Nature of Psychoanalytic Reality* (New York, Basic Books, 1983), p. 99, calls therapy "an exercise in self-realization".

"Stekel, *Compulsion and Doubt*, p. 159.

real incest had ~~fallen~~ place, gave a poor prognosis as to a complete cure. Conclusions like these and the consideration that obsessive-compulsives were lost for society and culture, convinced Stekel of the importance of prophylaxis.

When the illness was caused by the patient's conflict with his parents, resulting from a double moral standard, it was imperative to promote the restoration of a single standard. Stekel saw two alternatives: (a) that parents should practise what they preach, or (b) that children should be brought up in the new moral freedom. In his book on *Sadismus und Masochismus* (1925), Stekel defended the standpoint that parents have a right to their own sexual life and that children should not pass judgment on their parents. He refused to be "a preacher of morals". Stekel's ideas on this matter come close to those of the Viennese satirist Kad Kraus who promoted in *Oie FacJke/ûie* idea of a healthy "living out" of all sexual desires - a position rejected by Freud, who was, according to Juliet Mitchell, liberal in his opposition to repressive bourgeois morality, but antagonistic to what he considered to be symptoms of "sexual corruption" such as promiscuity.⁷⁹

In his Baden-Baden lecture (1930), Stekel thought it very doubtful whether children could be brought up to accept their parent's sexual freedom. The main reason was that one had to reckon with the Oedipus situation and the factor of jealousy: 'If the son is naturally jealous of his father, the daughter of her mother, how much stronger will be this passion when it applies to an illicit lover of either parent'.⁸⁰ Moreover, official morality (as defended by the Church) will condemn promiscuity. Therefore, Stekel felt obliged to advocate the first alternative.

Parents had to do their best to live up to their principles, their good example should be a trustworthy "object-lesson" for their children. In his pedagogical work entitled *Briefe an eine Mutter* (1927-29), Stekel warned parents and others in charge of children against taking them to bed or even having them sleep in the parents' bedroom, because of the danger of "improper approaches" and possibly more. Stekel did not confine himself to recommendations such as these, for he emphatically declared that a prerequisite for the success of his alternative was a reform of marriage - a topic discussed in *Oie moderne Ehe* (1931).⁸¹

Obsessive-compulsives were the offspring of unhappy marriages, the witnesses or even victims of conjugal infidelity. Hence, only happily married couples should be entitled to bring children into the world. Procreation should

⁷⁹J. Mitchell, *Psychoanalysis and Feminism* [Orig. 1974] (Harmondsworth, Penguin Books, 1979), p. 424.

⁸⁰"Stekel, *Technique*, p. 316.

⁸¹L.F. Groenendijk, "Die kulturkritische Familienpädagogik des Psychoanalytikers Wilhelm Stekels", in: J. Sturm, J. Dekker, R. Aldrich, F. Simon (Eds.), *Education and Cultural Transmission \Paedagogica Historica, Suppl. Series, Vol II* (Gent, C.S.H.P., 1996), pp. 145-162, esp. pp. 158-159.

be deferred until àie marriage had proven successful. With this suggestion, Stekel, who prided himself on being a freethinker, deliberately was not in tune with the standards of the Church. Even more heretical were his proposals of a trial marriage and the abolition of all impediments to a divorce. Stekel was not naive in believing that "proved happiness" was a lifetime guarantee for conjugal fidelity. Still, a reform of marriage would counteract the epidemic spread of OCN, certainly when the reformed marriage was also a well-informed marriage. For that reason he wrote *Die Erziehung der Elitra* (1934), a book on the education of (future) parents, in which he tried to convince mem of the far reaching influence of the parental model on children.

Epilogue

Stekel's view on the pathogenesis of OCN as a disease caused by family problems and pedagogical faults is a theory with far-reaching implications. This theory made parents responsible for the psychic invalidism of their offspring, and also for the cultural and socio-economical unproductiveness of at least part of the new generation. Stekel not only blamed the parents, but also the Catholic Church with its procreation-oriented doctrine of marriage and its meddling divorce laws. He also blamed psychoanalysis - or rather its abuse - for offering certain parents an alibi to follow their own bent in sexual matters, while claiming to give their children sex education. Stekel did not only believe that parents had a good deal to do with the genesis of OCN as a psychiatric affliction, he also reckoned with the possibility that intrusive sexual experiences with the parents - resulting in the shattering of the authority complex - were traceable in the life history of schizophrenics: they fled into insanity because they could not bear the painful truth of incest*²

The "sick nurture" approach to OCN provided "objective" ground for people to explain their problems; individuals also learned to see themselves as victims of pedagogical blunders. The exonerative use of their insights was countered by therapists like Stekel, who followed in this respect Alfred Adler, through a depreciatory way of portraying their patient's life style, emphasizing their irresponsibility, infantilism, etc..⁸³ Stekel, who conceived of neurosis as a "malady of the time", was evidently aware of the unintended effects his profession might have (in providing an excuse for poor performance)", he called OCN an "analytical parapathy" and psychoanalysis a "disease".⁸⁴

^MStekel, *Compulsion and Doubt*, p. 598; cf. Stekel, *Technique*, p. 304.

^MSee also CM. Allen, "The Adlerian Interpretation of Compulsion", in: K.A. Adler & D. Deutsch (eds), *Essays in Individual Psychology. Contemporary Applications of Adler's Theories* (New York, Grove Press, 1959), pp. 55-58.

^MStekel, *Technique*, pp. 391, 282; cf. Stekel, *Compulsion and Doubt*, p. 440.

With his perspective on the etiology of grave neuroses and psychoses, Stekel may, in retrospect, be called a forerunner of the orientation of the Neo-Freudians, who searched for conflicting cultural trends which might be responsible for individual conflicts.⁸⁵ He helped to pave the way for the family-paradigm which became widespread after the Second World War.⁸⁶ For several decades social scientists, educationalists, and therapists, as well as the mass media, cherished the credo ("overcharged idea") of family processes and educational experiences as the determining forces in human development and psychopathology.⁸⁷ In other words, Stekel's work belongs to the prehistory of an environmentalistic approach which has come under heavy attack in recent years.⁸⁸

Nowadays, within academic circles a biological approach is very much dominant in analyzing the mechanisms underlying mental disorders.⁸⁹ More and more scientists consider the psychodynamic paradigm a stage in the evolution of psychology and psychiatry. It is now generally considered inappropriate to blame the parents for the emergence of OCD. Many expect that in the near future neuropsychological and biochemical research will unveil most of the remaining mysteries of OCD and related disorders.⁹⁰ In comparison with the meager results of the "talking cure(s)", psychopharmacotherapy already shows impressive results with the washing mania and other symptoms of *OCD*. At present medication can contribute to a significant improvement of approximately 50% of patients.⁹¹

The future will learn, to what extent chemistry or even gen-technology will succeed in minimizing age-old pedagogy as a determinant force in the moulding of the human soul, and in replacing forms of psychotherapy as the obvious agency for the healing of its agonizing problems.

⁸⁵K. Homey, *New Ways in Psychoanalysis* [1939] (New York, W.W. Norton & Comp., 1966), pp. 168-182.

⁸⁶G. Benedetti, *Psychodynamik der Zwangsnervose* [1978] (Darmstadt, Wissenschaftliche Buchgesellschaft, 1989), p. 42.

"See, for instance, N.W. Ackerman, *The Psychodynamics of Family Life. Diagnosis and Treatment of Family Relationships* (New York, Basic Books, 1958). A rather influential book, based on the assumption that mental illness is a product of "mental contagion" through family relations.

"M.L. Gross, *The Psychological Society. A Critical Analysis of Psychiatry, Psychotherapy, Psychoanalysis and the Psychological Revolution* (New York, Simon & Schuster, 1979); J.R. Harris, *The Nurture Assumption: Why Children Turn Out the Way they Do* (New York, etc., The Free Press, 1998).

"M.H. Stone, *Heavenly Mind: A History of Psychiatry from Antiquity to the Present* (New York, Norton & Comp., 1997).

"E.-B. Wolman & G. Stricker (eds.), *Anxiety and Related Disorders. A Handbook* (New York, John Wiley & Sons, 1994); F. Talus, *Obsessive Compulsive Disorder. A Cognitive and Neuropsychological Perspective* (Chichester, John Wiley & Sons, 1995).

"Johnson, *Character Styles*, p. 268.